



PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

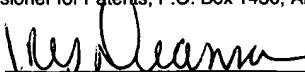
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005<br/>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</b>  |        | Docket Number (Optional)<br><br>0103215.00120US2 |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
|--|--------|--|----------|-----|------------------|--|---|-------|------|----------|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| Application Number<br>09/886663-Conf. #4750  |        | Filed<br>June 21, 2001                           |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| For MATERIAL COMPOSITIONS FOR MICROBIAL AND CHEMICAL PROTECTION  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit 1616  |        | Examiner J. D. Pak                               |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ 60.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$</td></tr></tbody></table> |        |  |          | Fee | Small Entity Fee |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 60.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
|  | Fee    | Small Entity Fee                                 |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120  | \$60   | \$ 60.00 |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450  | \$225  | \$       |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020 | \$510  | \$       |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1590 | \$795  | \$       |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2160 | \$1080   | \$       |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to<br>Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.   |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| I am the <input type="checkbox"/> applicant/inventor.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>31,091</u>  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <br>Signature _____<br><u>Michael J. Bevilacqua</u><br>Typed or printed name _____  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| _____<br>November 28, 2005<br>Date _____   |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <u>(617) 526-6000</u><br>Telephone Number _____  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.  |        |  |          |     |                  |  |   |       |      |          |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 28, 2005

Signature:  (Iris M. Dianna)

09886663

00000094 080219

01 FC:2251 60.00 DA

12/01/2005 ZJUHR1